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UNITED STATES DEPARTMENT OF AGRICULTURE
FARM SECURITY ADMINISTRATION
HEALTH SERVICES PROGRAM

Activities of County, District and State Units, October-December, 1943
and supplement showing number of physicians' and surgeons' calls
and cost of this service during the fiscal year 1942-43.

Resume of Membership Totals as of December 31, 1943.

	<u>Units</u>	<u>Counties</u>	<u>Families</u>	<u>Persons</u>
Physicians' and surgeons' service only or in connection with other types of services	699	927	81,154	420,581
Hospital service offered separately	48	149	13,955	75,602
Physicians' and hospital service	747	1,076	95,109	496,183
Less physician and hospital duplications*	(47)	73	7,861	41,725
Total physician and hospital service		1,003	87,248	454,458
Dental service offered separately	216	239	28,097	145,459
Physicians', hospital and dental service	963	1,242	115,345	599,917
Less dental duplications*	(154)	181	22,166	112,026
U. S. Total - excluding duplications* representing 41 states and Puerto Rico.	963	1,061	93,179	487,891

*In counties having two or more separate units offering different types of service, the membership of the smaller unit or units has been deducted on the assumption that these families also held membership in the larger or largest unit.

Extent of Program

At the end of December 1943, the FSA health services program had a total of:-

963 units in
1061 counties in
41 states and Puerto Rico with
93,179 families and
487,891 persons holding membership

Of these 963 units 699 offered physicians' service alone or in combination with other types of service. Totals for units offering hospital, dental, or drug service, separately or as a part of this combination with physicians' service are as follows:

	<u>Units</u>	<u>Counties</u>	<u>Families</u>	<u>Persons</u>
Hospital service, separate	48	149	13,955	75,602
combined	365	521	48,497	250,043
Total	413	670	62,452	325,650
Dental service, separate	216	239	28,097	145,469
combined	88	123	11,047	53,994
Total	304	362	39,144	199,453
Drug service, combined	204	269	27,585	143,948

Surgeons' service was offered by 421 of the 699 units offering physicians' service and by 36 of the 48 units offering separate hospital service. The number of units and counties in which surgeons' service was available and the membership of these units was as follows:

	<u>Units</u>	<u>Counties</u>	<u>Families</u>	<u>Persons</u>
Surgeons' service offered				
with physicians' service	421	583	51,148	264,927
	36	87	8,933	46,655
	<u>457</u>	<u>670</u>	<u>60,081</u>	<u>322,480</u>

The distribution by state of the units offering hospital dental or drug service, separately or combined with physicians' service, as well as the number of counties involved and membership totals as of December 31, 1943 is shown in Table 2.

Changes in membership totals during October, November, and December 1943.

Comparison of totals of units, counties, families, and persons at the end of September and at the end of December 1943, for units offering physicians', hospital and dental service respectively and for all units taken together, is shown below:

	<u>Physicians' Service</u>			<u>Hospital Service</u>		
1943	<u>Units</u>	<u>Counties</u>	<u>Families</u>	<u>Units</u>	<u>Counties</u>	<u>Families</u>
December 31	699	927	81,154	48	149	13,955
September 30	<u>735</u>	<u>974</u>	<u>83,935</u>	<u>45</u>	<u>142</u>	<u>13,111</u>
	-36	-47	-2,781	3	7	844

Per cent change in membership -3.3 6.4

	<u>Dental Service</u>			<u>All Services (Omitting duplications)</u>		
1943	<u>Units</u>	<u>Counties</u>	<u>Families</u>	<u>Units</u>	<u>Counties</u>	<u>Families</u>
December 31	216	239	28,097	963	1,061	93,179
September 30	<u>216</u>	<u>239</u>	<u>28,304</u>	<u>996</u>	<u>1,084</u>	<u>94,303</u>
	0	0	- 207	-33	-23	-1,124

Per cent change in membership -.7 -1.2

These totals show the separate hospital units continuing to gain in membership, with slight losses for every other type of group. The 6.4 per cent gain in the membership of hospital service groups was made chiefly in Regions IV and V. These regions reported an increase of 433 and 506 families, respectively in the membership of their hospital service groups. The slight loss of 1.2 per cent in the membership of all groups taken together indicates a decreasing rate of loss through the calendar year. A 9 per cent loss was reported for the quarter ending June 30 over the membership for the first quarter, and 6.7 per cent loss for the quarter ending September 30.

The membership changes during October, November and December for each region are shown in Table 1. Regions I, V, and VI report gains, while nine of the remaining regions report losses, and one, no change in membership. The heaviest loss is shown for Region X, which shows a decrease of 1334 families in its membership. This is largely due to the discontinuance of 13 of the 34 units reported for this region at the end of September. It should be pointed out that due to lack of information from this region at the time the September 30 report was prepared the totals shown for that date are not entirely accurate. Later information indicates that some of these 13 units were discontinued before that date. Region IV also

Table I. Change in the total number of health service units, number of counties represented and totals of families holding membership during the quarterly period October - December, 1943 for the entire United States and for each FSA region and percentage reduction in the totals of FSA active standard borrowers during the same period.

Region	September 30, 1943		December 31, 1943		Increase or decrease		Per cent		
	Units	Counties	Units	Counties	Units	Counties	change - Families	change FSA Active Standard Borrowers a/	
All Regions	996	1,084	963	1,061	-33	-23	-1,124	-1.2	- 8.8
I	29	77	30	74	1	- 3	370	13.2	- 3.8
II	7	7	6	6	- 1	- 1	-95	-21.3	- 8.8
III	64	74	63	73	- 1	- 1	-102	-2.5	- 5.8
IV	129	177	114	170	-15	- 7	-208	-2.1	-13.6
V	298	211	299	217	1	6	574	1.9	-12.0
VI	224	163	223	174	- 1	11	439	1.8	- 9.8
VII	24	76	24	76	0	0	-76	-2.7	- 8.1
VIII	120	129	117	123	- 3	- 6	-164	-1.7	-18.9
IX	17	26	17	26	0	0	- 26	-1.5	- 9.6
X	34	63	21	42	-13	-21	-1334	-34.1	-10.2
XI	22	38	21	37	- 1	- 1	-513	-24.6	-10.2
XII	27	42	27	42	0	0	11	.3	- 9.3
XIII	1	1	1	1	0	0	0	0	+71.3

a/ Percentages computed from figures for September 30, 1943 and December 31, 1943, compiled from monthly reports of FSA activities by Statistics Unit, Program and Reports Division, Cincinnati, Ohio, Tables 2-A.

had a large number of units discontinue operation according to Table 1. The listing of discontinued units at the end of Table 2 shows these Region IV losses to be medical care units mostly in Kentucky and Tennessee. The addition of counties to the hospital service units in this region holds the net loss in counties to seven, although medical care units were discontinued in 16 counties. The gain in membership in hospital service groups also considerably reduces the net effect of the loss of the membership of these 15 medical care groups.

The last column in Table 1 shows the percentage change in the number of FSA active standard borrowers during the quarter. These changes are not confined to counties having health service groups but represent all counties served by the FSA and on the other hand they are limited to the active standard borrower group whereas other FSA clients are also eligible for membership in the health service groups. Insofar as they can be accepted as representing the trend among all FSA clients in counties having health service groups, they indicate that in general the reduction in the number of families eligible for membership in the health service groups is greater than the reduction in actual membership of these groups, the respective rates being 8.8 and 1.2 per cent. In only three of the 13 regions did the rate of loss in membership of health service groups exceed the rate of reduction in FSA active standard borrower rolls.

Services reported

Approved charges for service and volume of service received during October, November, and December 1943, for units operating on the fee-for-service basis and reporting for these months, are shown in Table 2. The membership of these reporting units and the percentage it represents of the total membership in each of the various groups is as follows:

	<u>October</u>		<u>November</u>		<u>December</u>		<u>Average</u>
	<u>Member</u> <u>families</u>	<u>Per</u> <u>cent</u>	<u>Member</u> <u>families</u>	<u>Per</u> <u>cent</u>	<u>Member</u> <u>families</u>	<u>Per</u> <u>cent</u>	<u>Per</u> <u>cent</u>
Physicians' service alone or with other services	50,482	73.5	49,505	72.1	45,452	66.2	70.6
Hospital service							
separate	12,503	92.4	11,823	85.3	10,676	76.5	84.7
combined	27,209	69.9	24,352	68.5	24,734	62.0	66.7
Dental service							
separate	16,454	66.8	15,778	63.7	14,657	59.5	63.3
combined	8,115	79.3	7,897	77.7	8,309	78.3	78.4
Drug service	17,610	77.3	16,740	75.5	15,871	69.3	74.0

Part 1 of Table 2 also shows a record of payments for service reported by units operating on the capitation basis.

Among the units for which membership, but no record of activities is reported in Table 2, part 1, are the Southeast Missouri Health Service, Inc., and the Taos County Cooperative Health Association of New Mexico. Reports for October, November and December have been received from these associations, but due to the fact that they are special programs, operating on plans which differ considerably from those in general use, the totals on charges and payments for service and rates on volume of service have not been included in Table 2. Brief statements on these two programs are shown below.

The Southeast Missouri Health Service began the quarter with a membership of 1,625 families consisting of 8,698 persons and ended it with a membership of 1,639 families consisting of 8,765 persons. The following are some significant totals and rates covering the service rendered these members:

<u>Service</u>	<u>Charges (or costs)</u>	<u>Per cent payment</u>	<u>Charge per mo. per member (Person)</u>	<u>Rate per 1000 persons per month</u>
Physicians	\$8,457.15	60	.32	108 calls
Surgeons	4,143.60	55	.16	4 cases
Hospital	2,260.00	100	.09	21 days
Dental	1,435.74		.05	13 cases
Nursing	3,428.86		.13	
Chronic conditions	635.60			
X-Ray & diagnostic	78.50			
Administration	2,645.28			
TOTAL	\$23,084.73			

The Taos County Cooperative Health Association began its second year of operation in October with a membership of 572 families consisting of 3,061 persons. At the end of December it had a membership of 945 families, consisting of 4,976 persons. Information on costs during this period have not been received from this association but following are some significant rates on service received:

Rates per 1,000 persons per month

Physicians' clinic visits	194
Clinic visits to nurse only	42
Nurses' home visits	19
Hospital cases	15
Days of hospitalization	80

These rates are high, both as compared with corresponding rates for other groups, and as compared with rates for earlier months for this Association. They are about twice as high as its rates for its first year of operation. Two factors are mentioned as accounting at least in part for the increase namely, an increase in the number of physicians on the staff of the Association and a membership campaign which had the effect of reminding members of their privileges in the Association, with the result that the privileges were used more extensively.

Physicians' and Surgeons' Service

For the program in general, the physicians' and surgeons' call rate for October, November, and December according to Table 2, Part 1, was 104 calls per 1,000 persons, per month. This represents a drop of 12 per cent from the rate of 118 calls shown for July, August and September but corresponds closely with the rate of 101 calls reported for October, November and December, 1942. The rate for the calendar year of 1943 was 1,341 calls per 1,000 persons per year, which corresponds closely with the rate of 1,312, shown in Table 3, for the fiscal year ending June 30, 1943.

The charges for physicians' and surgeons' service during October, November and December are shown in Part 1 of Table 2 to have averaged 30 cents per month per person eligible for service. As is to be expected this charge compares with the corresponding charge for the previous quarter and for the same quarter in 1942 in

much the same manner as the rates showing volume of service for these different periods compare. It is 12 per cent lower than the average of 34 cents for July, August and September, 1943, and almost the same as the average of 29 cents for October, November and December, 1942. With this low volume of service and resulting reduced charges, it is natural to expect that the percentage payment on charges would be unusually high. Table 2 shows it to average 79.9 per cent for all regions. This is the highest percentage payment on physicians' and surgeons' charges in the records of this program, the next highest percentage being the 76.9 per cent paid during October, November and December, 1942 for which rates covering volume of service have also been found to compare closely to those for the period covered by this report.

Hospital services

Hospital service offered in combination with physicians' service is shown in Part 2 of Table 2 to have totaled 11 days per 1,000 persons per month, while the corresponding rate for groups offering only or chiefly hospital service, as reported in Part 3 of Table 2 was 19 days. Comparable rates for the previous quarter were 14 and 24 days, respectively. The average charge per person eligible for service for hospital care was seven cents when offered in combination with physicians' and surgeons' service, and eight cents when offered separately. When offered with physicians' and surgeons' service the hospital bills constituted 23.6 per cent of the physicians' surgeons' and hospital bills taken together. Payment on hospital bills average 80 per cent for the service offered in combination with physicians' and surgeons' service and 91.6 per cent for the service in Region IV, V and VI averaged six cents per person eligible for this service and payment on these bills averaged 66.8 per cent.

Drug Service

The record of drug service provided by units which specifically allocated funds for this service is shown in Part 4 of Table 2. This covers both drugs dispensed by physicians for which separate charge has been made, and drugs dispensed by druggists. It does not include drugs dispensed by physicians without extra charge. The average charge per person eligible for this service was four cents, it constituted 12.3 per cent of the total charges for physicians' and drug service for the reporting units and payments averaged 91.4 per cent of charges. During the previous quarter, the average charge per person eligible for service was six cents, it constituted 14.4 per cent of the total charges for physicians and drug service and payments averaged 86.1 per cent of charges.

Dental Service

Part 5 of Table 2 shows that of the 699 units offering physicians' service, 88 also offered dental service. These 88 units had a membership of 11,047 families which constituted 14 per cent of the total of 81,154 families holding membership in all units offering physicians' service. These units, offering this combination of service, were found chiefly in Regions VII, VIII and XII where 45, 42 and 34 per cent, respectively of the membership in units offering physicians' service also had dental service available.

The activities of the more extensive portion of the dental care program are reported in Part 6 of Table 2, which covers groups formed specifically for provision of dental care. There were 216 such groups in 239 counties with a membership of 28,097 families consisting of 145,459 persons. The Resume of membership totals on Page 1 shows that 154 of these groups in 181 counties with a membership of 22,166

or 79 per cent of the total, were operating in counties in which other groups were also offering other types of health services, and that the members of these dental care groups were presumably also participating in the service of these groups and securing essentially the same services as families holding membership in a single group offering these different types of service. Comparison of rates shown in Part 5 of Table 2, covering dental service offered in combination with physicians' and other health service, and Part 6 of this same table, covering service of groups offering dental care only indicates however, that members of these latter groups received twice or three times as much dental service as members of groups offering dental care along with other types of health services. Volume of service measured in terms of charges per person eligible for service showed two cents per month for the combined service and six cents per month for separate service. The number of persons receiving care per 1,000 persons per month averaged eight for the combined service and 17 for the separate service. The fact that essentially the same percentages were paid on charges--93.7 per cent for the combined groups and 92.5 for the separate groups--indicates that the essential difference lies in the funds provided for this service under these two different types of program. In both, the dentists rendered service just slightly beyond the point where they would receive a hundred per cent payment on their charges, even though those charges in one group averaged two cents per person per month, and in the other six cents.

The rates for Colorado and Oregon reflect the operation of programs in which higher membership fees are charged and the dentists are paid on a per hour, rather than a per service basis. In the Oregon program, a dental trailer of the Agricultural Workers Health Association serving this region, was made available to the Malheur County dental care group during these winter months, and the rates shown represent largely the work of this trailer, operating at points convenient for these families to reach.

Table 2. Activities of the FSA health services program through county, district and state units based on reports of units for the quarter, October - December, 1943.

Part 1. Physicians' and Surgeons' Services

Membership as of Dec. 31, 1943										Totals and rates for reporting units only				No. of physicians' and surgeons' calls per month per 1,000 persons in units reporting calls			
Region and State	No. of units	No. of counties	No. of families	No. of persons	Physicians' approved charges	Percent paid	Average monthly approved charges per person eligible for service	No. of person-months for units reporting calls	Office	Home	Hospital	Total					
All Regions	699	927	81,154	420,481													
Fee-for-Service	618	840	68,689	355,324	\$220,090.22	79.9	\$.30	664,414	82	19	3	104					
Capitation	81	87	12,465	65,257	27,229.56 a/												
Region I	22	70	2,968	14,422	7,462.52	84.7	.43	14,166	143	36	4	183					
Maine	b/ 1	5	243	1,289													
Maryland	b/ 2	4	109	610	17.65	100.0	.05	279	11	14		25					
New Hampshire	b/ 2	3	89	441													
New Jersey	b/ 1	20	429	1,912	2,631.87	91.2	.46	5,717	185	64		249					
New York	2	2	175	669	3,051.60	70.5	.63	2,174	134	24	26	184					
Pennsylvania	b/ 4	10	560	2,437	1,761.40	99.5	.28	5,996	112	15	1	128					
Vermont	b/ 5	7	371	1,897													
Region II	4	15	612	3,115													
Minnesota	b/ 1	14	380	2,052													
Region II	2	2	271	1,443	1,603.68	98.1	.37	4,287	89	10	7	106					
Minnesota	2	2	271	1,443	1,603.68	98.1	.37	4,287	89	10	7	106					

Table 2. FSA Health Services Program, October - December, 1943.

Part 1. Physicians' and Surgeons' Services

Membership as of Dec. 31, 1943											Totals and rates for reporting units only				No. of physicians' and surgeons' calls per month per 1,000 persons in units reporting calls.			
Region and State	No. of units	No. of counties	No. of families	No. of persons	Physicians' charges	Percent paid	Average monthly approved charges per person eligible for service	No. of person-months for units reporting calls	Office	Home	Hospital	Total						
Region III	62	73	4,010	20,326	\$ 9,519.35	55.0	\$.51	15,691	147	12	3	162						
Illinois	3	3	136	689	1,200.25	51.5	.58	1,260	229	13	5	249						
Indiana	2	2	40	205	282.75	40.0	.11	255	165	8	4	177						
Missouri	1	1	15	83														
	15	21	2,054	10,713	4,088.10	56.1	.46	9,435	134	11	1	146						
	7	7	185	979														
	3	4	258	1,410	502.60 c/	91.5	.36											
Ohio	9	.9	422	1,993			.49	4,741	152	13	4	169						
	19	23	802	3,792	2,943.05	59.5												
Region IV	107	135	6,918	39,253				107,103										
Fee-for Service	105	133	6,840	38,839	30,058.38	81.8	.26		69	22	1	92						
Capitation	2	2	78	414	336.05 a/													
Kentucky	9	9	413	2,324	2,368.20	76.0	.27	8,146	78	24	4	102						
	1	1	63	331														
North Carolina	31	33	3,237	19,121	13,871.30	88.7	.24	52,358	69	20	1	90						
	1	1	72	453														
Tennessee	29	35	1,293	7,000	6,032.70	74.3	.27	19,252	62	20		82						
	1	2	52	276														
Cap.	2	2	78	414	336.05 a/													

Table 2. FSA Health Services Program, October - December, 1943.

Part 1. Physicians' and Surgeons' Services

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Table 2. FSA Health Services Program, October - December, 1943.

Part 1. Physicians' and Surgeons' Services

Totals and rates for reporting units only										No. of physicians' and surgeons' calls per month per 1,000 persons in units reporting calls			
Membership as of Dec. 31, 1943													
Region and State	No. of units	No. of counties	No. of families	No. of persons	Physicians' approved charges	Percent paid	Average monthly approved charges per person eligible for service	No. of person-months for units reporting calls	Office	Home	Hospital	Total	
Region VI	139	141	21,464	109,656									
Fee-for-Service	112	114	17,071	86,161	\$ 59,614.57	85.6	.26	203,688	72	20	1	93	
Capitation	27	27	4,393	23,495	13,495.42 a/								
Arkansas	41	42	5,852	29,265	26,275.63	80.8	.29	84,024	68	24	1	93	
Cap.	5	5	550	2,910									
Louisiana	3	3	652	3,438	2,275.94 a/								
	20	20	3,143	16,319	13,958.21	88.1	.25	46,841	78	15	1	94	
Mississippi	9	9	1,375	7,723									
	30	32	5,111	26,691	19,380.73	90.4	.23	72,823	72	18	4	90	
Cap.	7	6	1,040	3,253									
	18	18	2,781	14,825	11,219.48 a/								
	6	6	960	5,232									
Region VII	24	76	2,786	14,257	11,848.65	80.6	.38	30,275	108	12	14	134	
Kansas	5	23	434	2,100	2,229.10	81.8	.40	4,718	13	1	1	15	
Nebraska	5	6	480	2,251									
	8	15	451	2,211	4,031.45	70.6	.42	9,437	175	11	4	190	
	4	6	446	2,279									
South Dakota	2	26	975	5,416	5,588.10	87.3	.35	16,120	62	13	22	97	
Region VIII	100	108	8,522	42,005									
Fee-for-Service	90	98	7,696	38,358	22,405.78	79.5	.35	59,737	85	14	8	107	
Capitation	10	10	826	3,647	2,140.95 a/								

Table 2. FSA Health Services Program, October - December, 1943.

Part 1. Physicians' and Surgeons' Services

Totals and rates for
reporting units only

Membership as of Dec. 31, 1943										No. of physicians' and sur- geons' calls per month per 1,000 persons in units reporting calls			
Region and State	No. of units	No. of counties	No. of families	No. of persons	Physicians' approved charges	Percent paid	Average monthly approved charges per person eli- gible for service	No. of person- months for units reporting calls	Office	Home	Hospital	Total	
Region VIII (Cont'd)													
Oklahoma	18	18	1,922	9,771	\$ 9,232.60	74.2	\$.34	23,797	104	16	8	128	
Cap.	b/ 6	6	689	3,468	356.96 a/								
	2	2	68	347									
Texas	33	37	2,479	12,110	13,173.18	83.3	.36	35,940	72	12	7	91	
Cap.	b/ 33	37	2,606	13,009									
	5	5	378	1,606	1,783.99 a/								
Cap.	b/ 3	3	380	1,694									
Region IX													
Fee-for-Service	15	25	1,519	6,739	9,823.75	88.5	.72	13,607	102	9	25	136	
Capitation	b/ 2	3	372	1,942	579.96 a/								
Arizona	2	1	119	545	1,290.75	100.0	.70	1,832	80	4	16	100	
California	b/ 10	18	800	3,219	7,241.40	85.9	.75	9,712	108	10	30	148	
Utah	b/ 1	3	228	1,033	1,291.60	91.7	.63	2,063	93	11	8	112	
Cap.	b/ 2	3	372	1,942	579.96 a/								
Region X													
Colorado	b/ 10	13	872	3,943									
Montana	b/ 4	18	1,312	6,504									
Wyoming	b/ 5	8	317	1,610									

Table 2.

FSA Health Services Program, October - December, 1943.

Part 1. Physicians' and Surgeons' Services

Totals and rates for
reporting units only

Membership as of Dec. 31, 1943													No. of physicians' and sur- geons' calls per month per 1,000 persons in units reporting calls			
Region and State		No. of units	No. of counties	No. of families	No. of persons	Physicians' approved charges	Percent paid	Average monthly approved charges per person eli- gible for service	No. of person- months for units reporting calls	Office	Home	Hospital	Total			
Region XI		18	36	1,526	6,942											
Fee-for Service		17	34	1,470	6,656	\$ 7,408.00	63.6	\$.71	9,763	139	6	20	165			
Capitation		1	2	56	286	108.50 a/										
Idaho		7	13	317	1,612	3,000.50	57.0	.69	4,032	165	5	33	203			
Oregon	b/	4	6	295	1,607											
	1	1	2	56	286	108.50 a/										
Washington	b/	1	6	359	1,651	3,747.00	65.8	.76	4,953	126	7	11	144			
	1	1	2	52	212											
Region XII	b/	3	6	422	1,462	660.50	81.2	.56	778	93		6	99			
	24	42	3,506	17,856												
New Mexico		6	8	1,379	7,075	1,545.42	20.5	.29	3,947	72	8	14	94			
Texas	b/	6	11	1,363	7,423	725.50	17.6	.22	22,318	48	7	15	70			
	6	8	247	1,071												
Region XIII	b/	6	15	517	2,287	819.92	77.0	.42	1,629	107	10	14	131			
	1	1	43	255												
Capitation		1	1	43	255	150.00 a/ 150.00 a/										

Table 2. FSA Health Services Program, October - December, 1943

Part 2. Hospital Service (Combined with other services)

Membership as of December 31, 1943										Totals and rates for reporting units only					Days Hospitalized	
Region and State	No. of units of	No. of counties	No. of families	No. of persons	Hospital charges approved	Percent paid	Average monthly approved charges per person eligible for service	Percent of total physicians' and surgeons' and hospital charges	No. of person-months for units covered	No. of days of hospitalization	per 1,000 persons per month					
All Regions	365	521	48,497	250,043	\$28,573.00	80.0	\$.07	23.6	306,686	11						
Fee-for Service	320	473	40,221	206,970	2,355.53 a/											
Capitation	45	48	8,276	43,073	2,171.50	70.0	.65	46.6		129						
Region I	3	12	626	2,851												
Maine	b/	5	243	1,289												
New York	1	1	50	222	2,171.50	70.0	.65	46.6	2,575	129						
Region III	1	6	1,625	8,698												
Missouri	1	6	1,625	8,698												
Region IV	32	47	1,639	8,924	1,967.80	52.9	.08	21.2	23,900	15						
Kentucky	1	1	43	228												
North Carolina	1	1	23	120	60.00	62.0	.17	42.3	360	28						
Virginia	19	30	1,114	6,256	1,529.72	52.3	.08	20.9	18,173	15						
West Virginia	9	13	380	1,889	378.08	54.0	.06	20.6	5,367	12						
Region V	b/	2	79	431												
Region V	143	150	23,423	126,506												
Fee-for Service	111	117	17,004	92,942	9,139.19	66.2	.05	25.7	168,084	4						
Capitation	32	33	6,419	33,564	1,687.43 a/											
Alabama	9	9	3,868	20,755	2,546.93	83.5	.04	13.0	55,591	4						
Cap.	b/	15	3,921	21,162	330.00 a/											
	1	1	340	1,870												
	b/	10	3,253	17,410												

Table 2. FSA Health Services Program, October - December, 1943

Part 2. Hospital Service (Combined with other services)

Totals and rates for reporting units only										Days Hospitalized	
Membership as of December 31, 1943											
Region and State	No. of units	No. of counties	No. of families	No. of persons	Hospital approved charges	Percent paid	Average monthly approved charges per person eligible for service	Percent of total physicians', surgeons' and hospital charges	No. of person-months for units covered	No. of days of hospitalization per 1,000 persons per month	
Region V (Cont'd)											
Georgia	66	72	6,965	38,598	\$ 6,076.61	58.0	\$.05	51.2	96,953	4	
Cap.	b/	9	740	3,969							
	9	9	1,127	5,054	1,256.66 a/						
South Carolina	6	7	941	5,176							
	7	7	865	5,133	515.65	76.4	.03	12.3	15,558	5	
Cap.	2	2	432	2,466							
	2	2	201	1,013	100.77 a/						
	4	4	557	3,041							
Florida	3	3	213	859							
Region VI											
Fee-for-Service	22	23	3,704	18,781							
Capitation	19	20	2,849	14,192	1,453.84	90.9	.03	14.5	22,021	5	
	3	3	855	4,589	264.90 a/						
Arkansas	12	12	1,540	7,763	1,037.00	89.5	.03	14.2	21,092	4	
Cap.	b/	2	266	1,340							
	1	1	236	1,376	264.90 a/						
Louisiana	1	1	109	502	30.00	100.0	.02	6.9	d/	d/	
Mississippi	2	3	585	2,825	386.84	94.1	.05	17.0	929	18	
Cap.	b/	2	349	1,762							
	2	2	619	3,213							

Table 2. FSA Health Services Program, October - December, 1943
Part 2. Hospital Service (Combined with other services)

Membership as of December 31, 1943										Totals and rates for reporting units only					Days Hospitalized		
Region and State	No. of units	No. of countries	No. of families	No. of persons	Hospital approved charges	Percent paid	Average monthly approved charges per person eligible for service	Percent of total physicians' and surgeons' and hospital charges	No. of person-months for units covered	No. of days of hospitalization per 1,000 persons per month							
Region VII	24	76	2,786	14,257	\$ 2,987.27	98.5	\$.10	20.1	23,654	21							
Kansas	5	23	434	2,100	333.80	100.0	.07	13.0	1,391	17							
	b/ 5	6	480	2,251													
Nebraska	8	15	451	2,211	930.28	95.1	.10	18.7	8,651	17							
	b/ 4	6	446	2,279													
South Dakota	2	26	975	5,416	1,723.19	100.0	.11	23.6	13,612	24							
Region VIII	73	80	6,157	30,519													
Fee-for-Service	67	74	5,626	28,082	4,268.15	86.5	.09	19.5	42,660	14							
Capitation	6	6	531	2,437	160.20 a/												
Oklahoma	14	14	1,530	7,708	1,934.35	90.7	.09	22.4	17,333	19							
	3	3	404	1,974													
Cap.	1	1	25	120	0												
Texas	24	27	1,869	9,165	2,333.80	83.0	.08	17.6	25,327	11							
	b/ 26	30	1,823	9,235													
Cap.	3	3	223	1,048	160.20 a/												
	b/ 2	2	283	1,269													
Region IX	15	25	1,519	6,739													
Fee-for Service	13	22	1,147	4,797	4,106.82	97.8	.30	29.5	13,607	33							
Capitation	2	3	372	1,942	0												
Arizona	2	1	119	545	693.10	100.0	.38	34.9	1,832	54							
California	b/ 10	18	800	3,219	3,323.97	100.0	.34	31.5	9,712	34							
Utah	b/ 1	3	228	1,033	89.75		.04	65.0	2,063	8							
Cap.	b/ 2	3	372	1,942													

Table 2. FSA Health Services Program, October - December, 1943

Part 2. Hospital Service (Combined with other services)

Part 2. Hospital Service (Combined with Part 1)										
Totals and rates for reporting units only										
Membership as of December 31, 1943										
Region and State	No. of units	No. of counties	No. of families	No. of persons	Hospital approved charges	Percent paid	Average monthly approved charges per person eligible for service	Percent of total physicians', surgeons', and hospital charges	No. of person-months for units covered	No. of days of hospitalization per 1,000 persons per month
Region X	13	26	1,802	8,473						
Colorado	b/ 9	12	764	3,403						
Montana	b/ 1	11	844	4,044						
Wyoming	b/ 3	3	194	1,026						
Region XI	18	36	1,833	6,942						
Fee-for-Service	17	34	1,777	6,656						
Capitation	1	2	56	286	\$ 2,428.79	91.7	\$.23	24.7	10,085	44
Idaho	7	13	317	1,612	243.00 a/	84.5	.30	30.2	3,959	63
Oregon	b/ 4	6	295	1,607						
Cap.	1	2	56	286	243.00 a/	100.0	.20	20.1	4,953	35
Washington	b/ 1	6	359	1,651	943.95		.16	22.1	1,173	21
Region XII	20	39	3,340	17,098	186.96	100.0	.01	46.5	d/	d/
New Mexico	4	5	1,287	6,623	49.64	100.0	.04	74.2	d/	d/
Texas	b/ 6	13	1,363	7,423						
Region XIII	5	7	201	884	49.64	100.0				
Capitation	b/ 5	14	489	2,168						
Puerto Rico	1	1	43	255						
Cap.	1	1	43	255						

Table 2. FSA Health Services Program, October - December, 1943

Part 3. Separate Hospital Service														Days Hospitalized	
Totals and rates for reporting															
units only															
Membership as of December 31, 1943															
Region and State	No. of units	No. of counties	No. of families	No. of persons	Hospital approved charges	Percent paid	Average monthly approved charges per person eli- gible for service	No. of person- months for units covered	No. of days of hospitalization per 1,000 persons						
All Regions	48	149	13,955	75,607	\$15,590.65	91.6	\$.08	190,003	19	\$6					
Region I	7	9	381	1,660	502.50	100.0	.39	1,296	83						
Delaware	b/ 1	3	41	205											
New York	4	4	239	985	502.50	100.0	.39	1,296	83						
Pennsylvania	b/ 2	2	101	470											
Region IV	2	53	4,415	26,070	8,531.00	100.0	.11	75,186	28						
North Carolina	2	53	4,415	26,070	8,531.00	100.0	.11	75,186	28						
Region V	6	6	1,325	7,842	806.30	88.5	.06	13,749	8						
Alabama	b/ 2	2	697	3,867	139.00	100.0	.03	4,464	6						
South Carolina	3	3	503	3,095	667.30	86.1	.07	9,285	8						
Region VI	b/ 1	1	125	880											
Arkansas	29	60	7,116	36,510	5,679.35	79.1	.06	99,004	12	5					
Mississippi	b/ 17	40	4,725	23,966	4,361.85	82.6	.05	85,806	11	4					
Region VIII	7	12	1,597	8,139											
Oklahoma	5	8	794	4,405	1,317.50	67.6	.10	13,198	17						
Texas	3	19	660	3,235	71.50	74.1	.09	768	16						
Region X	b/ 2	4	165	809	71.50	74.1	.09	768	16						
Colorado	b/ 1	2	58	290											

Table 2. FSA Health Services Program, October - December, 1943

Part 4. Drug Service		Totals and rates for reporting units only									
Membership as of December 31, 1943											
Region and State	No. of units	No. of counties	No. of families	No. of persons	Druggists' approved charges	Percent paid	Approved monthly charges per person eligible for service	Percent of total physicians' and druggists' charges			
All Regions	204	269	26,581	138,596	\$10,633.75	91.4	\$.04	12.3			
Fee-for-Service	178	240	21,929	115,065							
Capitation	26	29	4,652	23,531	1,006.74 a/						
Region I	1	3	90	505							
Maryland	b/	3	90	505							
Region IV	3	3	102	555	43.44	100.0	.03	12.4			
Tennessee	2	2	81	447	28.29	100.0	.02	9.4			
Virginia	1	1	21	108	15.15	100.0	.05	29.3			
Region V	79	82	11,311	60,445							
Fee-for-Service	68	70	9,485	51,705	4,582.91	91.3	.04	13.0			
Capitation	11	12	1,826	8,740	119.78 a/						
Alabama	5	5	2,278	12,363	832.57	85.8	.03	10.2			
Cap.	b/	4	1,328	7,043							
Florida	2	2	697	3,723							
Georgia	1	1	62	159							
Cap.	b/	47	4,392	24,053	3,153.79	92.5	.04	13.1			
South Carolina	6	6	367	2,053							
Cap.	b/	7	645	2,511	119.78 a/						
Region VI	3	3	484	2,506	596.55	92.9	.05	20.1			
Fee-for-Service	4	4	493	2,903							
Capitation	b/	3	565	3,131							
Region VI	44	46	7,978	41,957							
Fee-for-Service	29	31	5,576	29,150	3,554.93	88.1	.05	17.2			
Capitation	15	15	2,402	12,807	416.94 a/						

Table 2. FSA Health Services Program, October - December, 1943

Part 4. Drug Service										Totals and rates for reporting units only	
Membership as of December 31, 1943											
Region and State	No. of units	No. of counties	No. of families	No. of persons	Druggists' approved charges	Percent paid	Approved monthly charges per person eligible for service	Physicians' and druggists' charges	Percent of total		
Region VI (Cont'd)											
Arkansas	1	1	255	1,262							
Louisiana	1	1	292	1,465							
	2	2	326	2,134							
Mississippi	21	23	4,101	21,343	\$ 3,554.93	88.1	\$.05		19.4		
	4	4	602	2,946							
Cap.	11	11	1,674	8,945	416.94 a/						
	4	4	728	3,862							
Region VII											
Kansas	4	5	2,448	12,482	1,925.27	96.5	.07		14.9		
	4	5	336	1,541	420.51	100.0	.09		17.8		
Nebraska	7	11	336	1,502							
	4	6	355	1,744	974.23	99.5	.12		21.9		
South Dakota	2	26	446	2,279							
	13	14	975	5,416	531.53	88.4	.03		8.7		
Region VIII			967	4,694							
Fee-for-Service	11	12	762	3,922	314.12	91.3	.04		9.9		
Capitation	2	2	205	772	413.82 a/						
Oklahoma	5	5	356	1,904	161.82	100.0	.03		9.2		
	2	2	171	834							
Texas	2	2	106	537	152.30	82.1	.06		10.7		
	2	3	129	647							
Cap.	1	1	108	347	413.82 a/						
	1	1	97	425							
Region IX											
Fee-for-Service	13	21	1,039	4,435							
Capitation	12	19	919	3,764	66.66	100.0	.01		4.9		
	1	2	120	671							

Table 2. FSA Health Services Program, October - December, 1943

Part 4. Drug Service										Totals and rates for reporting units only		
Membership as of December 31, 1943												
Region and State	No. of units	No. of counties	No. of families	No. of persons	Druggists' approved charges	Percent paid	Approved monthly charges per person eligible for service	Percent of total physicians' and druggists' charges				
Region IX (Cont'd)												
Arizona	2	1	119	545	\$ 66.66	100.0	\$.01	4.9				
California	b/ 10	18	800	3,219								
Utah	b/ 1	2	120	671								
Region X	2	2	164	791								
Colorado	b/ 1	1	48	183								
Wyoming	b/ 1	1	116	608								
Region XI	9	19	922	4,417	145.42	100.0	.02	9.1				
Fee-for Service	8	17	866	4,131								
Capitation	1	2	56	286								
Idaho	3	4	179	1,012	145.42	100.0	.03	9.1				
Oregon	b/ 1	1	40	189								
Cap.	1	2	56	286								
	1	6	359	1,651								
	1	2	52	212								
	2	4	236	1,067								
Washington												
Region XII	7	14	1,517	8,060								
New Mexico	1	1	1,145	5,935								
	b/ 5	10	344	1,989								
Texas	1	3	28	136								
Region XIII	1	1	43	255								
Capitation	1	1	43	255	56.20 a/							
Puerto Rico	1	1	43	255	56.20 a/							

Table 2. FSA Health Services Program, October - December, 1943
Part 5 Dental Service (Combined with other services)

Totals and rates for reporting
units only

Membership as of December 31, 1943										
Region and State	No. of units	No. of counties	No. of families	No. of persons	Dentists approved	charges approved	Per cent paid	Average month- ly approved charges per person eligible for service	No. of persons reporting persons months for units served	No. of persons served per 1,000 per month
All Regions	88	123	11,047	53,994						
Fee-for-Service	82	116	10,615	51,917	\$1,866.11		93.7	\$.02	56,777	8
Capitation	6	7	432	2,077	112.50 a/					
Region III Missouri	1	6	1,625	8,698						
Region IV	7	13	350	1,959	191.00		92.5	.03	4,286	7
North Carolina	1	1	81	530	87.00		100.0	.05	1,587	7
Tennessee	5	6	215	1,140	68.00		100.0	.02	1,831	9
Virginia	1	6	54	289	36.00		60.3	.04	868	5
Region V	11	11	2,113	11,803						
Fee-for-Service	10	10	2,035	11,303	381.47		97.5	.02	8,991	11
Capitation	1	1	78	500						
Alabama	3	3	1,003	5,517	232.47		100.0	.01	4,650	11
Georgia	b/	2	395	2,089		0				
Cap.	b/	2	228	1,380						
South Carolina	2	1	78	500						
Cap.	2	2	276	1,652	149.00		93.6	.03	4,341	11
b/	1	1	133	665						
Region VI	2	3	193	955	156.00		100.0	.05	2,863	17
Arkansas	1	1	103	490	100.00		100.0	.07	1,470	24
Mississippi	1	2	90	465	56.00		100.0	.04	1,393	10
Region VII	16	23	1,239	6,167	162.50		89.6	.01	14,922	5
Kansas	3	4	215	1,055	14.00		100.0	.005	2,684	2
b/	2	2	223	1,089						
Nebraska	7	11	355	1,744	79.00		78.9	.01	4,842	7
b/	4	6	446	2,279						
South Dakota	1	13	445	2,508	69.50		100.0	.01	7,396	4

Table 2. FSA Health Services Program, October - December, 1943.

Part 5. Dental Service (Combined with other services)

Totals and rates for reporting units									
only									
Region and State	No. of units	No. of counties	No. of families	No. of persons	Dentists, approved charges	Per cent paid	Average monthly approved charges per person eligible for service	No. of person-months for units served	No. of persons served per 1,000 per month
Region VIII	43	44	3,551	13,968					
Fee-for-Service	39	40	3,253	12,677	\$ 950.14	91.9	\$.03	25,341	8
Capitation	4	4	298	1,291	112.50 a/				
Oklahoma	9	9	950	4,802	334.22	85.0	.03	9,110	7
Texas	19	20	1,358	3,083	615.92	95.7	.03	16,231	9
Cap.	3	3	269	1,147	112.50 a/				
Region X	2	2	164	791					
Colorado	1	1	48	183					
Wyoming	1	1	116	608					
Region XI	3	4	194	1,074					
Fee-for-Service	2	2	138	788					
Capitation	1	2	56	286					
Idaho	2	2	138	788					
Cap.	1	2	56	286					
Region XII	2	4	1,173	6,071	25.00	100.0	.07	374	5
New Mexico	1	1	1,145	5,935					
Texas	1	3	28	136	25.00	100.0	.07	374	5

Table 2. FSA Health Services Program, October - December, 1943

Part 6. Dental Service (Separate Units)

Membership as of December 31, 1943										Totals and rates for reporting units only				
Region and State	No. of units	No. of counties	No. of families	No. of persons	Dentists' approved charges	Per cent paid	Average monthly approved charges per person eligible for service	No. of person-months for units reporting persons served	No. of persons served per 1,000 per month					
All Regions	216	239	28,097	145,459										
Fee-for-Service	193	211	24,636	126,784	\$ 14,594.74	92.5	\$.06	226,461	17					
Capitation	23	28	3,461	18,675	1,412.62 a/									
Region I	1	1	150	1,200										
Maine	b/	1	150	1,200										
Region II	4	4	81	258										
Michigan	1	1	20	101	68.25	100.0	.23	303	3					
	3	3	61	157										
Region III	1	1	96	427										
Ohio	1	1	96	427	30.50	100.0	.02	1,281	5					
Region IV	5	5	241	1,391	30.50	100.0	.02	3,842	16					
North Carolina	1	1	22	121	204.72	85.7	.05	626	53					
	2	2	40	218	53.22	100.0	.08							
Virginia	2	2	179	1,052	151.50	80.7	.05	3,216	9					
Region V	127	140	18,953	100,377										
Fee-for-Service	106	114	15,770	83,119	9,208.78	94.6	.06	156,329	17					
Capitation	21	26	3,183	17,258	1,393.06 a/									
Alabama	10	10	33,156	15,940	2,925.50	100.0	.05	53,944	17					
	20	20	5,236	27,147										
Cap.	1	1	240	1,440	152.00 a/									
	3	3	1,161	6,302										
Georgia	56	64	5,131	27,798	5,319.78	91.7	.06	87,698	16					
	9	9	966	4,873										
Cap.	7	12	418	2,245	536.19 a/									
	4	4	594	3,283										

Table 2. FSA Health Services Program, October - December, 1943

Part 6. Dental Services (Separate Units)

Totals and rates for reporting units														
only														
Region and State	No. of units	No. of counties	No. of families	No. of persons	Dentists' approved charges	Per cent paid	Average monthly approved charges per person eligible for service	No. of person-months for units reporting persons served	No. of persons served per 1,000 per month					
Membership as of December 31, 1943														
Region V (Cont'd)														
South Carolina	7	7	775	4,676	\$ 963.50	95.7	\$.07	14,687	17					
Cap.	b/				704.87 a/									
Region VI														
Fee-for-Service	55	56	6,471	32,126										
Capitation	53	54	6,193	30,709	3,865.81	92.1	.05	61,669	16					
Arkansas	2	2	278	1,417	19.56 a/									
	27	27	2,528	12,651	2,012.17	87.7	.05	32,560	12					
Louisiana	5	5	674	3,246										
	3	3	457	2,198	295.00	83.0	.06	4,632	20					
Mississippi	1	1	12	56										
	13	13	1,876	9,894	1,557.64	99.5	.06	24,477	21					
Cap.	b/				19.56 a/									
	4	5	646	2,664										
	1	1	63	279										
Region VIII	1	1	215	1,138										
Oklahoma	14	15	635	2,966	328.00	93.0	.11	2,605	10					
Texas	1	1	32	170										
	5	5	182	765	328.00	93.0	.11	2,605	10					
Region IX	b/	9	421	2,031										
Utah	2	3	244	1,523	608.50	60.7	.21	d/	d/					
	1	2	156	980	608.50	60.7	.21	d/	d/					
Region X	b/	1	88	543										
Colorado	1	1	21	86	70.00	100.0	.27	258	143					
	1	1	21	86	70.00	100.0	.27	258	143					

Table 2. FSA Health Services Program, October - December, 1943

Part 6. Dental Service (Separate Units)

Region and State	No. of units	No. of counties	No. of families	No. of persons	Totals and rates for reporting units only				
					Dentists' approved charges	Percent paid	Average monthly approved charge per person eligible for service	No. of person-months for units reporting persons served	No. of persons served per 1,000 per month
Region XI	3	3	101	462	\$ 211.18	100.0	\$1.21	174	488
Oregon	1	1	37	174	211.18	100.0	1.21	174	488
Idaho	1	1	21	109					
Washington	b/ 1	1	43	179					
Region XII	3	10	1,104	4,643					
New Mexico	b/ 1	7	932	3,941					
Texas	b/ 2	3	172	702					

a/ Payments rather than charges for units operating on a Capitation basis.

b/ Membership totals for these units have been taken from reports for months other than September.

c/ These units pay no more than fifty per cent on charges at the end of each month or quarter, delaying further payment until the end of the year. The entry under Per cent Paid for these units is the estimated percentage which could be paid if all funds available for payment of bills this month were distributed.

d/ Information incomplete.

Medical Units

October - December, 1943

Newly Reported

Region VIII

Texas: Cherokee County

Region IX

Utah: Uintah County added to
the Duchesne County Unit

Region I

Maryland:

Wicomico, Worcester
and Somerset (a
3-county unit)

Region II

Minnesota:

Mille Lacs County

Region III

Missouri:

Lewis County

Region IV

Kentucky:

Barren County
Calloway County
Graves County
Henry County
Trimble County

Tennessee:

Cocke County
Claiborne County
Lincoln, Moore (a
2-county unit)
Marion County
Monroe County
Pickett County
Robertson County
Sevier County

West Virginia:

Pendleton County
Taylor County

Discontinued

Medical Units (Cont'd)

October - December, 1943

Discontinued

Region VI

Louisiana: St. Helena County

Mississippi: Bolivar County

Region VIII

Texas:

Guadalupe County
Panola County
Wilbarger, Foard (a
2-county unit)

Region X

Colorado:

Cheyenne County
Crawley County
Lincoln County dropped from
Elbert-Teller, El Paso unit
Kiowa County
Kit Carson County

Montana:

Cascade-Teton, Judith,
Basin, Lewis and Clark
(a 4-county unit)
Cascade-Teton County
Capitation plan
Flathead - Lincoln (a
2-county unit)
Hill County
Mineral - Missoula - Sanders
(a 3-county unit)
Park - Sweetgrass (a
2-county unit)

Medical Units (Cont'd)

October - December, 1943

Discontinued

Montana (Cont'd): Pondera - Glacier - Toole
(a 3-county unit)

Wyoming:
Caribou County dropped
from Lincoln unit
Niobrara County
Platte County

Region XI
Washington:

Skagit County dropped
from Skagit-Island unit,
Island County became part
of Snohomish County unit

Dental Units

Newly Reported

Region VI Mississippi: Tate County

Discontinued

Region VIII
Texas:

Travis County

Hospital Units

Newly Reported

Region I

New York:

Chenango, Lewis, and
St. Lawrence Counties
listed as separate units
(Lewis discontinued by mistake
in September)

Region IV

North Carolina:

Greene, Moore, Lee and
Warren Counties added to
Hospital Care Association
plan
Randolph, Vance and Yadkin
Counties added to Hospital
Saving Association plan

Region V

Alabama:

Marion County

Region X

Colorado:

Rio Grande County added to
Alamosa County unit

Discontinued

Region IV

North Carolina:

Catawba and Hyde
Counties dropped because
show no active membership;
formerly included as non-
reporting

FARM SECURITY ADMINISTRATION
HEALTH SERVICES PROGRAM

Volume and Cost of Physicians' and Surgeons' Service
During the Year ending June 30, 1943

Two of the most important aspects of an organized health services program are the amount of services received by the members and the payment received for these services by those rendering them. Review of records for the fiscal year 1943 provides some interesting information in both of these fields with reference to the health service groups of the Farm Security Administration. Physicians' and surgeons' calls averaging 1,312 calls per thousand persons per year were found to have been made on members of these groups during the year ending June 30, 1943 and payments estimated to total \$1,669,134 were found to have been made to physicians and surgeons for these and other services during the period.

Number of Calls

The number of office, home and hospital calls per thousand persons per year made by physicians and surgeons on members of these groups during the year ending June 30, 1943 are shown in Table I. This information has been secured from bills submitted for this service to groups operating on the fee-for-service basis and reported in the regular monthly reports of these associations. Not all associations reported this information every month, but the reporting groups were sufficient to provide a representative sample of the total membership. They were equivalent to a membership of 297,180 persons reporting regularly through the year. The column on the right margin of Table I shows the distribution of this reporting membership among the regions and states. The record is incomplete with respect to surgeons' calls and physicians' hospital calls. Since surgeons' charges are often made on the basis of a flat fee for a surgical operation, information on the number of calls involved in the service is not necessary for the payment of the bill and consequently is only incompletely reported. The calls reported are preponderantly in connection with physicians' service. The very low rates for hospital calls shown for some states are due in part to the tendency in some areas to use hospitals chiefly for surgical cases and, then medical cases are hospitalized, to depend on an attending physician or in some cases an interne for much of the care needed. Under either of these circumstances the calls made are not reported for this record.

The total of office, home and hospital calls for all regions averages 1,312 calls per thousand persons per year. The range for the different regions is from 1,902 for Region VII to 1,143 for Region IV and for the different states, from 2,330 for Kansas to 830 for West Virginia. When the rates for office, home and hospital calls, taken separately are examined, the outstanding characteristic is the low home call rate and the high hospital call rate for Regions IX, X, XI and XII in contrast to the other regions where home calls predominate. The long distances between farm homes and doctors' offices in the western states comprising these four regions is doubtless a major factor in producing this difference. The range of the

Table I Number of physicians' and surgeons' calls per thousand persons per year received by members of FSA health service groups operating on the fee-for-service basis during the year ending June 30, 1943, and difference from rates for previous year for each Region and State.

Region and State	Physicians' and Surgeons' Calls			Office calls		Difference from		No. of persons in reporting groups
	Office	Home	Hospital	Total	per home and hospital call	previous year	Per cent	
All States	1040	219	53	1312	3.8	- 181	- 12.1	297,180
Region I								
Maine	1278	383	42	1703	3.0	- 145	- 7.8	6,072
Maryland	1016	273	102	1391	2.7			
New Hampshire	1061	231	24	1316	4.2	- 312	- 19.2	247
New Jersey	1526	671		2197	2.3	+ 171	+ 8.4	228
New York	1595	645		2240	2.5	+ 272	+ 13.8	1,354
Pennsylvania	1247	368	93	1708	2.7	- 557	- 24.6	1,561
	1185	198	16	1399	5.5	- 105	- 7.0	1,640
Region II								
Minnesota	1111	116	330	1557	2.5	+ 114	+ 8.0	1,411
Region III								
Illinois	1497	199	61	1757	5.8	- 319	- 15.4	22,202
Indiana	1486	225	52	1763	5.4	- 356	- 16.8	3,585
Iowa	1214	221	69	1504	4.2	- 788	- 34.4	651
Missouri	1624	111	101	1836	7.7	- 771	- 29.6	189
Ohio	1668	176	59	1903	7.1	- 67	- 3.4	7,805
	1353	210	66	1629	4.9	- 485	- 22.9	7,899
Region IV								
Kentucky	875	254	14	1143	3.3	- 219	- 16.1	42,245
North Carolina	879	190	8	1077	4.4	- 97	- 8.3	4,881
Tennessee	925	259	6	1190	3.5	- 276	- 18.8	16,091
Virginia	755	241	6	1002	3.1	- 118	- 10.5	9,908
West Virginia	957	318	31	1306	2.7	- 255	- 16.3	9,468
	666	121	43	830	4.1	+ 24	+ 3.0	1,897
Region V								
Alabama	965	250	6	1221	3.8	- 75	- 5.8	73,572
Florida	1093	223	7	1323	4.8	- 79	- 5.6	16,097
Georgia	1119	78		1197	14.3	+ 87	+ 7.8	497
South Carolina	956	277	6	1239	3.4	- 26	- 2.1	47,228
	792	175	9	976	4.3	- 229	- 19.0	9,750

Table I Number of physicians' and surgeons' calls per thousand persons per year received by members of FSA health service groups. (Continued)

Region and State	Physicians' and Surgeons' Calls			Office calls per home and hospital		Difference from previous year		No. of persons in reporting groups
	Office	Home	Hospital	Total	call	Calls	Per cent	
Region VI	913	234	17	1164	3.6	- 150	- 11.4	85,902
Arkansas	799	251	34	1084	2.8	- 197	- 15.4	37,132
Louisiana	950	253	6	1209	3.7	- 234	- 16.2	20,249
Mississippi	1034	201	2	1237	5.1	- 71	- 5.4	28,521
Region VII	1579	160	163	1902	4.9	- 389	- 17.0	22,653
Kansas	2031	203	96	2330	6.8	- 174	- 6.9	6,506
Nebraska	1973	163	69	2205	8.5	- 13	- .6	8,871
South Dakota	964	119	338	1151	2.1	- 48	- 4.0	7,276
Region VIII	989	145	63	1197	4.8	- 164	- 12.0	25,152
Oklahoma	1146	161	90	1397	4.6	- 64	- 4.4	8,491
Texas	904	130	49	1083	5.1	- 185	- 14.6	16,661
Region IX	1045	219	197	1461	2.5	+ 9	+ .6	2,309
Arizona	533	12	433	978	1.2	- 384	- 29.5	653
California	1471	196	261	1928	3.2	- 457	- 19.2	433
Utah	1168	338	47	1553	3.0	+ 427	+ 37.9	1,223
Region X	1170	113	413	1696	2.2	- 452	- 21.0	9,043
Colorado	1181	89	234	1504	3.7	- 453	- 23.1	1,960
Montana	1219	109	496	1824	2.0	- 438	- 19.4	6,304
Wyoming	738	213	191	1142	1.8	- 59	- 4.9	779
Region XI	1234	62	280	1576	3.6	+ 138	+ 9.6	5,849
Idaho	1427	75	244	1746	4.5	- 297	- 20.5	2,281
Oregon	1287	53	349	1689	3.2	+ 14	+ .8	2,139
Washington	846	55	234	1135	2.9	- 220	- 16.2	1,429
Region XII	1244	77	103	1424	6.9	+ 3	+ .2	2,593
New Mexico	797	33	181	1011	3.7	- 196	- 16.2	923
Texas	1513	103	59	1675	9.3	- 352	- 17.4	1,670

hospital call rates is from 496 in Montana to two in Mississippi and for home calls, it is from 671 in New Hampshire to 12 in Arizona. Both this New Hampshire association and the New Jersey association, which has the second highest home call rate, do not include physicians' service to hospitalized cases in their program. It is of interest to note that these two states have more home calls reported than most states have home and hospital calls taken together. This would suggest that the omission of physicians' service to hospitalized cases is not good economy. The net effect seems to be to increase the number of home calls to the extent that their cost tends to absorb any saving realized from the omission of hospital calls. If for each region and state, the home and hospital call rates are added together, as representative of the service to non-ambulatory cases, the high home and low hospital call rates in the eastern states and the low home and high hospital call rates in the western states very nearly counter-balance each other. Table I shows the ratio of office calls to this total of home and hospital calls for each region and state. It averages 3.8 office calls per home and hospital calls for all states and the rates range from 9.3 for western Texas (Region XII) to 1.2 for Arizona, except for Florida for which the extraordinary rate of 14.3 is shown.

Mention has been made on various occasions of the reduction in the number of physicians' and surgeons' calls during the fiscal year 1943 as compared with the previous fiscal year. These observations were based on comparison of rates for all regions taken together, and the reduction was found to be between 12 and 15 per cent. Table I shows the variation of the 1943 rates for each region and state from corresponding rates for the previous year. The average decrease for all states is found to be 12.1 per cent, and 30 of the 39 states for which this information is available show decreases ranging from 34.4 per cent for Indiana to six-tenths of one per cent for Nebraska. Eight of the nine remaining states show increases ranging from 37.9 per cent for Utah to eight tenths of one per cent for Oregon. In the ninth state (Maine), there was no group in operation during the fiscal year 1942.

Information is available showing office and home call rates for the fiscal year 1941 by region for all regions listed in Table I except Region II, which had no groups in operation in 1941. A comparison of these rates with the corresponding rates for the fiscal year 1943, (Table II) indicates a decrease in the 1943 rates averaging 18.9 per cent for all regions. The rates for the different regions taken separately all show decreases except those for Region IX for which a slight increase of 1.7 per cent is shown. For the other regions the decreases range from 4.2 per cent for Region I to 23.8 per cent for Region XI, and for all except Region I the decreases are in excess of ten per cent and are comparatively evenly distributed among the different regions.

Table II. Comparison of rates showing number of physicians' and surgeons' office and home calls per thousand persons per year during the fiscal years 1941 and 1943.

Region	Rates for year ending		Difference	
	June 30, 1941	June 30, 1943	Calls	Per cent
U. S.	1,553	1,259	-294	-18.9
I	1,734	1,661	-73	-4.2
III	2,042	1,696	-346	-16.9
IV	1,453	1,129	-324	-22.3
V	1,422	1,215	-207	-14.6
VI	1,441	1,147	-294	-20.4
VII	1,994	1,739	-255	-12.8
VIII	1,359	1,134	-225	-16.6
IX	1,243	1,264	+ 21	+ 1.7
X	1,610	1,283	-327	-20.3
XI	1,700	1,296	-404	-23.8
XII	1,487	1,321	-166	-11.2

It is probable that a major cause of this decrease in volume of physicians' service during the year ending June 30, 1943 as compared with the two previous years is the decrease in the number of physicians available to render this service due largely to enlistments with the armed forces. It is of interest to compare these rates for physicians' and surgeons' calls among FSA borrowers during the fiscal year 1943 with similar rates for the experimental health associations fostered by the Interbureau Coordinating Committee on Post-War Programs of the Department of Agriculture.

These associations began operation late in 1942 and their first year of operation is therefore roughly contemporaneous with the fiscal year 1943 covered by the rates of these FSA groups. The chief difference between the two groups lies in the fact that the FSA groups were composed of low-income farm operators whereas the experimental health associations had no limitation on income in their qualifications for membership. It should also be said that in setting up these experimental health associations availability of physicians' services was one of the points taken in account and as a result access to physicians' care may have been somewhat easier than it was for the average FSA group. Furthermore, the experimental groups had a subsidy from public funds in addition to their membership fees out of which to pay for their physicians' services and as a result had approximately a 25 per cent larger fund for this purpose than the FSA groups had. The practice of warning families against too free use of the physicians' services was followed rather broadly among FSA groups whereas it was resorted to only where there appeared to be special need for it in the experimental associations. The emphasis, in these latter associations was rather on the availability of needed services to the members. The influence of these various factors in producing the difference in rates shown in Table III cannot be accurately measured. It is sufficient to note that they and others

Table III. Number of physicians' calls per thousand persons per year for FSA groups during the fiscal year 1943 and for experimental health associations in the same states during their first year of operation.

State and Group	No. of calls per 1,000 persons per year			
	Office	Home	Hospital	Total
<u>Georgia</u>				
FSA	956	277	6	1,239
Experimental	1,805	463	56	2,324
<u>Arkansas</u>				
FSA	913	234	17	1,164
Experimental	1,709	231	53	1,993
<u>Mississippi</u>				
FSA	1,034	201	2	1,237
Experimental	1,567	144	67	1,778
<u>Texas-East</u>				
FSA - Region VIII	904	130	49	1,083
Experimental				
Cass Co.	2,879	214	182	3,275
<u>Texas-West</u>				
FSA - Region XII	1,513	103	59	1,675
Experimental				
Wheeler Co.	5,359	70	66	5,495
<u>Nebraska</u>				
FSA	1,973	163	69	2,205
Experimental	3,819	213	52	4,084

which have not been mentioned, have operated to secure for the members of these experimental health associations from half again to three times as much physicians' service as was received by FSA groups during the same period. The gain was preponderantly in the field of office and hospital calls. In every case the excess of office calls for the experimental health association over office calls for the FSA groups in the same state is greater than the corresponding excess of total calls. Home calls received by FSA groups in two states exceeded those received by members of the experimental health associations in those states and in no instance did the members of the experimental health associations receive as much as twice as many home calls as the FSA groups in the same state.

Rates covering physicians' office and home calls prevailing among farm operators and their families in the general population, are found in the Consumer Purchases Study (a) made in 1935-36 by the Department of Agriculture. These rates for certain states and groups of states are shown together with corresponding rates for FSA groups in those states in Table IV. An effort has been made to show the CPS rates for groups having incomes comparable to those prevailing among the FSA groups. In making this comparison it is to be remembered that it is between FSA rates which have been depressed by war time conditions as has been noted above, and rates for farmers in the general population during 1935-36 when no such abnormal conditions existed.

Table IV. Number of physicians' office and home calls per thousand persons per year during the year ending June 30, 1943 for members of FSA health service groups and for similar groups surveyed for the Consumer Purchases Study in 1935-36.

State	Calls per 1,000 persons per year		State	Calls per 1,000 persons per yr.	
	FSA	CPS		FSA	CPS
New Jersey	2240	3337	Kansas	2234	1681
Ohio	1563	2186	North Dakota	---	960
Pennsylvania	1383		Colorado	1270	
Illinois	1711	1819	Montana	1328	
Iowa	1735		South Dakota	1083	
North Carolina	1184	1618	Oregon	1340	1307
South Carolina	967		Washington	901	
Georgia	1233	1568			
Mississippi	1235				

The comparison is, in general favorable to the FSA groups in the western states listed and unfavorable among the eastern states, with the FSA deficiency among the eastern states more pronounced. For the eastern states the FSA rates were in general about 50 per cent less than the corresponding CPS rates while for the western states the FSA rates were about 25 per cent higher.

Charges and Payments

Charges and payments are shown in Table V for physicians' and surgeons' services during the year ending June 30, 1943 to FSA health service groups (except those limiting membership to management project occupants). These charges and payments cover the calls made during this period which have been discussed above, and also other services such as surgical operations for which payment was made on the basis of a set fee. The surgical services

(a) Hollingsworth, Helen; Monroe, Day; Klem, Margaret C.; and Benson, Karl L.: "Family Expenditures for Medical Care". U. S. Department of Agriculture - Miscellaneous Publication No. 402, 1941.

offered are in general limited to services to emergency cases. In some instances they are limited to minor surgery and for approximately 40 per cent of the groups there was no special provision for surgery.

Table V covers groups operating on the capitation basis as well as groups operating on the fee-for-service basis, except for the columns covering charges for service rendered, since such charges are not a part of the capitation procedure. The information on which Table V is based has been taken from monthly reports and is incomplete in two respects. First, not all groups have reported every month and, second, these monthly reports do not cover the final distribution, at the end of the fiscal year, of the surpluses accumulated through the year by groups operating on the fee-for-service basis. The fourth column of Table V indicates the average percentage of the total membership of all health service groups which reported each month through the year. The average for all groups taken together was 73.5 per cent. In order to compensate for the payments in the form of surpluses, not covered by the reports, ten per cent was added to the totals representing reported payments for each state. This percentage was settled upon as the amount to be added on the basis of two considerations. First, subsidiary information from a number of groups indicates that this was approximately the amount distributed by them at the end of their fiscal year. Second, it was observed that the addition of this ten per cent to payments reported brought the average annual payment per family (Column 8 Table V) very near to the amount found to have been allocated for payment of physicians' and surgeons' charges by those groups for which this information was available.

The average percentage paid during the year on physicians' and surgeons' charges, in groups operating on the fee-for-service basis, is shown in the sixth column of Table V. The payments, on which this percentage is calculated, of course include the ten per cent added to cover the distribution of surpluses. The average payment for all regions was 82.4 per cent. The corresponding percentage for 1941-42 was 72 per cent and for 1940-41, it was 66 per cent. Two major factors, responsible for this increase in the percentage paid on physicians' and surgeons' charges, are the decrease in volume of service rendered, which has been noted above, and an increase in membership fee rates in a number of areas.

The significance of the percentage paid on charges is seen more clearly when it is considered together with the size of the charges and the actual payment in dollars and cents which it nets for those receiving it. These two items of information are shown in the seventh and eighth columns of Table V. Some evidence of an inverse relationship between the percentage paid and the average annual charge per family will be noted especially for the lower charges. For example eight of the 13 payments of 90 per cent or more are shown for charges averaging less than \$20 per family. The high charge of \$55.72 per family for Montana combines with the low percentage payment of 52.2 per cent to net an annual payment per family of \$29.11, the next to the highest shown for any state.

For practical consideration, the most significant figure is the average annual payment per family. This represents the funds which the families participating in the program have found it possible to provide for payment for their physicians' and surgeons' services. The amount varies largely with the economic status of the state, though other factors also affect it to some extent. It averages \$16.29 for all states, and ranges by regions from \$28.02 for Region X to \$13.40 for Region V, and by states from \$30.59 for Colorado to \$12.13 for South Carolina.

The total payments for physicians' and surgeons' services, shown in the last column of Table V, are estimated on the basis of payments reported by reporting units and the percentage the membership of these reporting units represents of the total membership. This information is shown in the fourth and fifth columns of Table V. A total of \$1,669,134.68 is found to have been paid physicians and surgeons for service during the 1943 fiscal year. The region for which the largest total is shown is Region VI with \$427,882.23 and the state for which the largest total is shown is Mississippi where payments totaling \$199,783.92 were made.

UNITED STATES DEPARTMENT OF AGRICULTURE
Farm Security Administration
Health Services Program

Table V. Average membership of FSA health service groups, payments for physicians' and surgeons' service and percentage paid on charges during the year ending June 30, 1943

1	2	3	4	5	6	7	8	9
Region and State	Information from Reporting Units							
	Average	Average	Percentage	Payments	Per cent	Average	Average	Estimated Total
	Total	Monthly	of Total	Reported	(a) Paid on	Annual	Annual	Payments for
	Membership	Membership	Membership	Fee-for-	Service	Fee-for-	Payment <td>Physicians'</td>	Physicians'
	(Families)	(Families)	(Families)	Service	Charges	Service	per	and Surgeons'
				Charges		Charge	Family	Service
						per		
						Family		
All Regions	102,419	75,315	73.5	\$1,226,813.99	82.4	\$20.18	\$16.29	\$1,669,134.68
Region I	2,292	1,541	67.2	28,627.27	88.6	20.96	18.58	42,600.10
Maine	234	64	26.8	1,608.26	100	25.13	25.13	6,000.97
Maryland	136	70	51.3	1,261.40	82.2	21.76	18.02	2,458.87
New Hampshire	104	54	51.9	887.77	82.7	19.88	16.44	1,710.54
New Jersey	406	307	75.6	6,339.05	100	20.65	20.65	8,384.98
New York	498	390	78.4	7,478.67	85.0	22.56	19.18	9,539.12
Pennsylvania	549	329	59.9	5,076.24	95.5	16.15	15.43	8,474.52
Vermont	365	327	89.4	5,975.88	78.2	23.38	18.27	6,684.43
Region II	396	253	63.9	5,708.65	81.5	27.70	22.56	8,933.72
Minnesota	396	253	63.9	5,708.65	81.5	27.70	22.56	8,933.72
Region III	5,324	4,359	81.9	100,366.25	85.0	27.09	23.03	122,547.31
Illinois	757	644	85.0	13,851.56	82.6	26.04	21.51	16,295.95
Indiana	161	136	84.7	3,115.10	81.6	28.08	22.91	3,677.80
Iowa	86	66	76.5	1,855.48	100	28.11	28.11	2,425.46
Missouri	2,354	1,880	79.9	41,005.93	74.4	29.31	21.81	55,115.50
Ohio	1,966	1,633	83.1	40,538.18	79.4	24.82	19.70	38,716.71

(a) Ten per cent has been added to payments reported monthly by units operating on the Fee-for-Service basis final payments made by associations at the end of their fiscal year.

Table V. Average membership of FSA health service groups
payments for physicians' and surgeons' service and percentage paid on charges
during the year ending June 30, 1943 (Continued)

1	2	3	4	5	6	7	8	9
	Information from Reporting Units							
	Average Total Monthly Membership (Families)	Average Monthly Membership (Families)	Percentage of Total Membership (Families)	Payments Reported	Per cent Paid on Fee-for- Service Charges	Average Annual Fee-for- Service Charge per Family	Average Annual Payment per Family	Estimated Total Payments
Region IV	9,180	7,806	85.0	\$126,258.70	89.0	\$18.22	\$16.17	\$148,539.65
Kentucky	1,010	899	89.0	13,191.18	75.3	19.49	14.67	14,821.56
North Carolina	3,486	2,996	85.9	52,578.29	93.4	18.83	17.55	61,208.72
Tennessee	2,362	1,933	81.9	27,228.32	90.7	15.59	14.09	33,245.82
Virginia	1,772	1,577	89.0	27,943.75	87.1	20.35	17.72	31,397.47
West Virginia	550	401	72.8	5,317.16	90.0	14.74	13.26	7,303.79
Region V	30,138	18,911	62.7	253,440.23	78.7	16.73	13.40	404,210.89
Alabama	13,682	5,483	40.1	73,043.80	79.8	16.71	13.32	182,154.11
Florida	430	158	36.7	2,377.81	92.6	15.78	15.05	6,479.05
Georgia	13,078	11,103	84.9	151,728.96	77.3	17.22	13.67	178,714.91
South Carolina	2,948	2,167	73.5	26,289.66	84.2	14.00	12.13	35,768.24
Region VI	28,770	25,382	88.2	377,392.13	85.6	17.40	14.87	427,882.23
Arkansas	9,579	8,763	91.5	120,482.22	80.9	17.27	13.75	131,674.56
Louisiana	6,266	5,407	86.3	83,697.25	84.4	18.38	15.48	96,984.07
Mississippi	12,925	11,212	86.7	173,212.66	91.8	16.83	15.45	199,783.92
Region VII	5,461	4,779	87.5	105,911.29	82.7	26.80	22.16	121,041.47
Kansas	1,853	1,568	84.6	34,362.15	84.1	26.05	21.91	40,617.20
Nebraska	2,300	1,903	82.7	42,453.52	82.0	27.22	22.31	51,334.37
South Dakota	1,308	1,308	100	29,095.62	82.1	27.11	22.24	29,095.62
Region VIII	9,639	6,432	66.7	98,183.21	92.0	16.94	15.26	147,201.21
Oklahoma	3,341	2,018	60.4	31,450.43	87.9	17.62	15.58	52,070.25
Texas	6,298	4,414	70.1	66,732.78	94.2	16.59	15.12	95,196.55
Region IX	1,505	950	60.5	19,512.84	96.4	17.55	20.54	32,252.62
Arizona	170	166	97.5	4,805.82	100	28.95	28.95	4,929.05
California (a)	311	311	100	7,561.30	87.2	27.88	24.31	7,561.30
Utah	1,024	473	42.3	7,145.72	100	16.01	15.11	17,861.44

(a) Totals taken from report for fiscal year ending May 31, 1943.

Table V. Average membership of TSA health service groups
payments for physicians' and surgeons' service and percentage paid on charges
during the year ending June 30, 1943 (Continued)

	1	2	3	4	5	6	7	8	9
	Information from Reporting Units								
	Average Total Monthly Membership (Families)	Average Monthly Membership (Families)	Average Percentage of Total Membership (Families)	Payments Reported	Per cent Paid on Fee-for- Service Charges	Average Annual Fee-for- Service Charge per Family	Average Annual Payment per Family	Estimated Total Payments	
Region X	3,946	2,483	62.9	\$ 69,573.77	59.0	\$47.11	\$28.02	\$110,610.13	
Colorado	1,165	530	45.5	16,211.77	92.7	30.25	30.59	35,630.26	
Montana	2,294	1,621	70.7	47,182.23	52.2	55.72	29.11	66,735.83	
Wyoming	487	332	68.2	6,179.77	61.2	30.99	18.61	9,061.25	
Region XI	2,354	1,552	65.9	28,149.18	65.5	27.12	18.14	44,969.01	
Idaho	1,249	597	47.8	13,255.96	72.8	29.64	22.20	27,732.13	
Oregon	711	621	86.6	9,052.98	56.0	26.02	14.58	10,453.79	
Washington	388	334	86.1	5,840.24	69.7	25.08	17.49	6,783.09	
Region XII	3,371	824	24.4	13,571.47	82.2	20.03	16.47	55,620.78	
New Mexico	1,851	321	17.3	4,352.08	79.1	17.15	13.56	25,156.53	
Texas	1,520	503	33.1	9,219.39	83.8	21.88	18.33	27,853.14	
Region XIII	43	43	100	119.00			27.67	119.00	
Puerto Rico	43	43	100	119.00			27.67	119.00	

